

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services for MR (other than such services as in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- X Provided No limitations X With limitations*
 Not provided
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- X Provided No limitations X With limitations*
 Not provided
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- X Provided No limitations X With limitations*
 Not provided
17. Nurse-midwife services.
- X Provided No limitations X With limitations*
 Not provided
18. Hospice care (in accordance with section 2302 of the Affordable Care Act).
- X Provided X No limitations With limitations*
 Not provided

*Description provided on Attachment.

- ☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

☐ (1) state-wideness (indicate areas of State that are covered)

☒ (10)(B) comparability (indicate participating beneficiary groups)

☒ (23) freedom of choice (indicate mandatory population groups)

- (2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☒ stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other transportation.)

- Charter air flight
- Commercial air
- Rotary Wing
- Fixed wing
- Ground ambulance
- Bus, local, city
- Bus, out of town

- (3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☒ (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

(B) Who will pay the transportation provider?

- ☒ (i) Broker
- ☐ (ii) State
- ☐ (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

- ☒ (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). For instance, the NET broker will facilitate rides for recipients requiring door-to-door transport (Paratransit). DHCFP will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services. This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- ☒ (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provide to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The NET broker provides transportation to and from medically necessary Nevada Medicaid covered services. Transportation is provided by the least expensive means available which is in accordance with the recipient's medical condition and needs and to the nearest appropriate Medicaid health care provider or medical facility. NET is available to all eligible Medicaid recipients with limitations.

Recipients call the NET broker for reservations. The NET broker verifies the recipient's eligibility and the existence of a medical services appointment. Recipients are screened for the most appropriate level of service. Recipients who use the system frequently or require high cost transportation may be further assessed by the Medicaid District Office to ensure appropriate utilization. The NET broker authorizes and schedules the rides with providers. The broker determines efficient routes.

The NET broker provides NET both statewide and out of state. Recipients traveling out of state may have the cost of meals and lodging en route to and from medical care, and while receiving medical care reimbursed. An attendant's costs may be covered if an attendant is required to ensure the recipient receives required medical services.

Medicaid does not reimburse the costs of non-emergency travel which had not been prior authorized or transportation to non-covered medical services. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage and No shows, where a ride does not occur are also not reimbursable.

Full benefit dual eligible recipients may receive NET services to Access Medicaid only services.

Limitations:

Recipients whose eligibility is pending at the time of transport are not eligible for NET. QMBs and SLMBs for whom the State only pays their Medicare premiums are not eligible for NET. Emergency services only recipient may not receive NET for transport home from place of emergent services. Nursing facility NET for institutionalized recipients is included in NF rates. The NET broker may schedule rides for Paratransit services and DHCFF will reimburse the RTC directly for any costs incurred.

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MEDICALLY NEEDY GROUP(S): N/A

- c. Intermediate care facility services.
- ___ Provided: ___ No limitations ___ With limitations*
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- ___ Provided: ___ No limitations ___ With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
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- ___ Provided: ___ No limitations ___ With limitations*
17. Nurse-midwife services.
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18. Hospice care (in accordance with section 2302 of the Affordable Care Act).
- ___ Provided: ___ No limitations ___ With limitations*

* Description provided on attachment.

All NET services require prior authorization by DHCFP's NET broker with the exception of NET services provided by Indian Health Services (HIS) clinics. The NET broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs.

The NET broker will facilitate rides for recipients requiring door-to-door transport (Paratransit). DHCFP will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services.

Nursing facility NET is included in NF rates.

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Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services listed in paragraph 18, 20, and 21 of this section. The fee schedule and any annual/periodic adjustment to the fee schedule are published on the Agency's website at <https://dhcfp.nv.gov>.

14. RESERVED

15. RESERVED

16. RESERVED

17. RESERVED

18. a. Emergency Transportation: Ambulance, Ground or Air (fixed wing or rotary aircraft): lower of: a) billed charge, or b) fixed basic rate plus fixed fee per mile. Effective December 6, 2011, the reimbursement rates will be reduced by 15%.

b. Non-emergency transportation:

1. Non-emergency transportation is authorized through a contracted NET Broker, as specified in Attachment 3.1-D.
2. Reimbursement Methodology for Non-emergency Paratransit services provided by the Regional Transportation Commission (RTC) operated by local government entities:

a. The lower of: a) billed charges; or b) a cost based rate.

The cost based rate is calculated annually using each public provider's annual operating budget and service utilization forecast and an applicable 10% indirect cost rate. Each public provider will submit an annual operating budget and service utilization forecast at least 60 days before the start of the next fiscal year. The budget forecast must reflect a projection for allowable, necessary and proper direct cost in providing services. The cost based rate is calculated as follows:

1. Direct costs include the costs for fuel, tires and subcontracted costs that are directly related in providing the non-emergency transportation services. These costs must be in compliance with the Medicare reimbursement principle and OMB A-87.
2. The total direct costs (from Item 1) are reduced by any federal grant funds received for the same services to arrive at the net allowable direct costs.
3. Indirect costs are determined by applying a ten percent indirect cost rate to the net allowable direct costs (from Item 2).

TN No. 12-003

Supersedes

TN No. 11-007

Approval Date: MAY 31 2013 Effective Date: January 1, 2012

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4. Net allowable costs is the sum of the net allowable direct costs (Item 2) and indirect costs (Item 3).
 5. The cost based rate is the net allowable costs (from Item 4) divided by the total forecasted transportation service utilization.
19.
 - a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
 - b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
 - c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418.
 - d. Hospice provided in a long term care facility: Reimbursed 95% of the nursing facility daily rate for room and board provided by the nursing facility or long term care facility.
20. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
21. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body. The agency's rates were set as of July 1, 2009 and are effective for services on or after that date.
22. RESERVED